

CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY

Formality Review Claims Count Sheet

Case No.

Date: / /

As Filed			As Filed			As Filed			As Filed		
No.	Ind.	Dep.	No.	Ind.	Dep.	No.	Ind.	Dep.	No.	Ind.	Dep.
1	1		51		1	101			151		
2			52			102			152		
3			53			103			153		
4			54		1	104			154		
5			55			105			155		
6			56			106			156		
7			57			107			157		
8			58			108			158		
9			59			109			159		
10			60			110			160		
11			61			111			161		
12			62			112			162		
13			63			113			163		
14			64			114			164		
15			65			115			165		
16			66			116			166		
17			67			117			167		
18			68			118			168		
19			69			119			169		
20		2	70			120			170		
21		1	71			121			171		
22		1	72			122			172		
23		1	73			123			173		
24		1	74			124			174		
25		1	75			125			175		
26		1	76			126			176		
27		1	77			127			177		
28		1	78			128			178		
29		1	79			129			179		
30		1	80			130			180		
31		1	81			131			181		
32		1	82			132			182		
33		1	83			133			183		
34		1	84			134			184		
35		1	85			135			185		
36		1	86			136			186		
37		1	87			137			187		
38		1	88			138			188		
39		1	89			139			189		
40		1	90			140			190		
41		1	91			141			191		
42		1	92			142			192		
43		1	93			143			193		
44		1	94			144			194		
45		1	95			145			195		
46		1	96			146			196		
47		1	97			147			197		
48		1	98			148			198		
49		1	99			149			199		
50		1	100			150			200		
T. Ind.			T. Ind.	1		T. Ind.			T. Ind.		
T. Dep			T. Dep	84		T. Dep			T. Dep		
Total			Total	85		Total			Total		